FORM D

1308719

# UNITED STATES EURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



### FORM D

OMB A	pproval
OMB Number:	3235-0076
Expires: May 31,	2002
Estimated averag	e burden
hours per respons	se 1

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering ([ ] check if the	nis is an amendment and	d name has char	nged, and in	dicate c	hange.)		
LLC Interest Offering							
Filing Under (Check box(es) the Type of Filing: [X] New Filing []		[] Rule 505	[X] Rule 5	06 []	Section 4(6)	[]JEÖÉ	SUND STATE
	. A. BA	SIC IDENTIFIC	CATION DA	ATA		SEP SEP	7. 7. ZUUS /
1. Enter the information reque	sted about the issuer					The state of the s	
Name of Issuer ([ ]check if this	is an amendment and na	ame has change	ed, and indic	ate chai	nge.)		185/49
Top Driver Acquisition, LLC						M.C.	100/3/
Address of Executive Offices (Num		, Zip Code)	T	elephone	Number (Inclu	ding Area Code)	
4451 S. Arlington Heights Road, A		. 01. 01.1. 75.		·	- November /1 10	dina Aras Cada	,
Address of Principal Business Ope (if different from Executive Offices)	,	et, City, State, Zip (	Code)	elephoni	e Number (inclu	ding Area Code)	/
Brief Description of Business	To engage in any lawfu	ul activity					(Doggarage)
Type of Business Organization						10	
[ ] corporation	[ ] limited partnersh	nip, already form	ed	[X]c	ther (please s	pecify): 🚶	@== 0 0 000
[ ] business trust	[ ] limited partnersh	nip, to be formed	l	Limite	ed Liability Cor	mpany	<u>SEP 20</u> 200
		Mor	nth Ye	ear			THOUSON
Actual or Estimated Date of Inco	orporation or Organization	on: 0	3 0	3	[X]Actua	[ ] Estimated	
Jurisdiction of Incorporation or C	Organization: (Enter two-	letter U.S. Posta	al Service ab	breviati	on for State:		
		nada; FN for oth					

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: [ ] Promoter [X] Beneficial Owner [] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) TFF Investments		
Business or Residence Address (Number and Street, City, State, Zip Code) 161 N. Clark St., Suite 4800, Chicago, IL 60601		
Check Box(es) that Apply: [ ] Promoter [X] Beneficial Owner [ ] Executive Officer	[ ] Director	[X]General and/or Managing Partner
Full Name (Last name first, if individual) Hoesley, James		
Business or Residence Address (Number and Street, City, State, Zip Code) 1954 First Street, #251, Highland Park, Illinois		
Check Box(es) that Apply: [ ] Promoter [X] Beneficial Owner [ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) Accelerator, LLC		
Business or Residence Address (Number and Street, City, State, Zip Code) 333 West Wacker Drive, Suite 1720, Chicago, IL 60606		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer	[ ] Director	[ <b>X</b> ]General and/or Managing Partner
Full Name (Last name first, if individual) Province, Wendel		
Business or Residence Address (Number and Street, City, State, Zip Code) 4451 S. Arlington Heights Road, Arlington Heights, IL 60005		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer	[ ] Director	[X]General and/or Managing Partner
Full Name (Last name first, if individual) Tober, Steve		
Business or Residence Address (Number and Street, City, State, Zip Code) 4451 S. Arlington Heights Road, Arlington Heights, IL 60005		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer	[ ] Director	[X] General and/or Managing Partner
Full Name (Last name first, if individual) Figliulo, David		
Business or Residence Address (Number and Street, City, State, Zip Code) 4451 S. Arlington Heights Road, Arlington Heights, IL 60005		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer	[ ] Director	[ <b>X</b> ] General and/or Managing Partner
Full Name (Last name first, if individual) Reese, Luke		
Business or Residence Address (Number and Street, City, State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В.	INFORM	MATION	ABOUT	OFFERI	NG					
													Yes	No	
1. Ha	s the is:	suer sol	d, or do	es the is	suer inte	end to s	ell, to noi	n-accred	ited inve	stors in th	nis offeri	ng?.	[]	[X]	
			,	Answe	er also ir	Appen	dix, Colu	mn 2. if f	ilina und	er ULOE			.,		
2. Wh	at is the	e minim	um inve				oted from		•				\$ 25,000		
													Yes	No	
3. Do	es the c	offering	permit j	oint own	ership o	f a singl	e unit?						[]	[X]	
ind sa bro de yo	directly, les of socker or aler. If it u may s	any co securitie dealer r more th set forth	mmissions in the egistere an five the info	on or single of offering ed with the offering (5) personation	nilar rem g. If a pone ne SEC ons to be for that	uneration erson to and/or versited a	who has on for solo be liste with a sta are assor or dealer	licitation d is an ite or sta ciated pe	of purch associate tes, list tl	asers in ed perso ne name	connect n or ago of the b	ion with ent of a roker or			
Full	Name (	Last na	me first,	, if individ	dual)										
Busi	ness or	Reside	nce Add	dress (N	umber a	nd Stree	et, City, S	State, Zip	Code)						
Nam	ne of As	sociate	d Broke	r or Dea	ler										
State	es in W	hich Pe	rson Lis	ted Has	Solicited	d or Inte	nds to So	olicit Pur	chasers						
(Ched	k "All S	tates" c	r check	individu	al States	3)							[] All S	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DEJ	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]_	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full	Name (	Last na	me first,	, if individ	dual)										
Busi	ness or	Reside	nce Ado	dress (N	umber a	nd Stree	et, City, S	State, Zip	Code)						
Nam	ne of As	sociate	d Broke	r or Dea	ler					·····					
State	es in W	hich Pe	rson Lis	ted Has	Solicited	d or Inte	nds to So	olicit Pur	chasers						
(Chec	k "All S	tates" o	r check	individu	al States	s)							[] All S	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full	Name (	Last na	me first,	, if individ	dual)										
Busi	ness or	Reside	nce Add	dress (N	umber a	nd Stree	et, City, S	State, Zip	Code)						
Nam	ne of As	sociate	d Broke	r or Deal	ler										
State	es in W	hich Pe	rson Lis	ted Has	Solicited	or Inte	nds to So	olicit Pur	chasers						
(Chec	k "All S	tates" o	r check	individu	al States	3)							[] All S	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[Al]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[LN]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[DI]	1001	[CD]	LT VII	(TV)	EL LTT3	וו רו ו	D / A 3	DA/A1	DAAA	TLA (13	DARA	(DD)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCE	EDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	[ ] Common [ ] Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	. \$
	Other (Specify LLC Interest )	\$ 4,000,000	\$ 2,325,000
	Total	\$ 4,000,000	\$ 2,325,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 2,325,000
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)		\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of	Dollar Amount
	D. J. 505	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504 Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish		\$
	an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[]	\$
	Printing and Engraving Costs	[]	\$
	Legal Fees	[X]	\$50,000
	Accounting Fees	[]	\$
	Engineering Fees	[]	\$
	Sales Commissions (specify finders' fees separately)	[]	\$
	Other Expenses (identify) Consulting Fees	[]	\$ 50,000
	Total	[]	\$100,000

C. OFFERING PRICE, NUMBER OF INVI	ESTORS, EXPENSES AN	D USE OF PROC	EEDS
<ul> <li>b. Enter the difference between the aggregate offering to Part C - Question 1 and total expenses furnished Question 4.a. This difference is the "adjusted gross pro</li> </ul>	in response to Part C -		\$2,225,000
5. Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes show purpose is not known, furnish an estimate and check estimate. The total of the payments listed must ex- proceeds to the issuer set forth in response to Part C -	n. If the amount for any the box to the left of the just the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		[]\$	[]\$
Purchase of real estate		[]5	[]\$
Purchase, rental or leasing and installation of mac	hinery and equipment		[]\$
Construction or leasing of plant buildings and facil		[]\$	[]\$
Acquisition of other businesses (including the value this offering that may be used in exchange for the another issuer pursuant to a merger)	assets or securities of	[]\$	[]\$
Repayment of indebtedness	/44//>>>	[]\$	[]\$
Working capital	***************************************	[]\$	[X]\$2,225,000
Other (specify):		[]\$	[]\$
	<del></del>	[18	[]\$
A la company of the c			
Column Totals			[X]\$2,225,000
Total Payments Listed (column totals added)		[X]\$2	,,225,000
D, FEDER	AL SIGNATURE		
The issuer has duly caused this notice to be signed by the Rule 505, the following signature constitutes an undertaking Commission, upon written request of its staff, the information pursuant to paragraph (b)(2) of Rule 502.	ng by the issuer to furnish	to the U.S. Sections to the U.S. Sections to any nor	urities and Exchange
1 1	ature	7 Date	
Top Driver Acquisition, LLC	Janey 10	NCC 9/15/05	j
Name of Signer (Print or Type) Title	of Signer (Print or Type)		
Steve Tober Auth	orized Officer		
	•		
			-
ATT	ENTION		
		deletions (Car	1011 C C 4004 \
Intentional misstatements or omissions of fact cor	Primite recetal ctituinal /	notations. (586	10 0.3.6. 1001.)

		E. STATE SIGNATURE				
,	•	presently subject to any of the disqualification provisions	Yes []	No [X]		
	See A	ppendix, Column 5, for state response.				
		es to furnish to any state administrator of any state in white of the state in white state is state to be stated as the state is stated as the	ch this r	notice is		
	ndersigned issuer hereby undertake hed by the issuer to offerees.	es to furnish to the state administrators, upon written requ	est, info	rmation		
to the	Uniform limited Offering Exemption claiming the availability of this exe	e issuer is familiar with the conditions that must be satisfi (ULOE) of the state in which this notice is filed and unde emption has the burden of establishing that these condit	rstands	that the		
	er has read this notification and kno half by the undersigned duly authori	ows the contents to be true and has duly caused this not zed person.	ce to be	signed		
Issuer (P	rint or Type) e Acquisition, LLC	Signature Date 9/15/05				
Name of Steve To	Signer (Print or Type) ber	Title of Signer (Print or Type) Authorized Officer President				

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed.' Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3				5		
	Intend to sell to and aggregate offering price investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 2)			1	of investor and a (Part	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
				Number of Accredited		Number of Nonaccredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL				<del> </del>		-			
AK				-					
AZ				<del> </del>					
AR				<u> </u>				ļ	
CA				<u> </u>					
СО									
CT						ļ			
DE						<u> </u>			}
DC									
FL								ļ	
GA									
н									
ID									
IL.		X	Units \$2,325,000	5	\$2,325,000	None	Zero		X
IN									
IA									
KS									
KY									
LA									
ME	<del></del>								
MD									
MA								<del> </del>	
MI						1			
MN								1	
MS						1		<del> </del>	
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# APPENDIX

1	2		3		5				
Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 2)		Type of investor and amount purchased in State (Part C-Item 2)				
0				Number of Accredited		Number of Nonaccredited	<b>A</b>	Vas	No
State MT	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NE									
NV								<del> </del>	
NH				<del> </del>				1	
NJ				-		<del> </del>		<del> </del>	
NM								+	
NY						<del> </del>		<del></del>	
NC		<del> </del>	<b></b>			<del> </del>			
ND				<del> </del>				<u> </u>	
ОН								<del> </del>	
ОК								<del> </del>	
OR									
PA									
RI					<del></del>				
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TN									
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VT									
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WA			<del> </del>						
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PR					***************************************		<del> </del>		